

# Suicide and Suicide Prevention among Inuit in Canada

## Suicide et prévention du suicide chez les Inuits au Canada

Michael J. Kral, PhD<sup>1</sup>

The Canadian Journal of Psychiatry /  
La Revue Canadienne de Psychiatrie  
2016, Vol. 61(11) 688-695  
© The Author(s) 2016  
Reprints and permission:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0706743716661329  
TheCJP.ca | LaRCP.ca



### Abstract

Inuit in Canada have among the highest suicide rates in the world, and it is primarily among their youth. Risk factors include known ones such as depression, substance use, a history of abuse, and knowing others who have made attempts or have killed themselves, however of importance are the negative effects of colonialism. This took place for Inuit primarily during the government era starting in the 1950s, when Inuit were moved from their family-based land camps to crowded settlements run by white men, and children were removed from their parents and placed into residential or day schools. This caused more disorganization than reorganization. The most negative effect of this colonialism/imperialism for Inuit has been on their family and sexual relationships. Many Inuit youth feel alone and rejected. Suicide prevention has been taking place, the most successful being community-driven programs developed and run by Inuit. Mental health factors for Indigenous peoples are often cultural. It is recommended that practitioners work with the community and with Inuit organizations. Empowered communities can be healing.

### Abrégé

Les Inuits du Canada détiennent des taux de suicide parmi les plus élevés du monde, et ce, principalement chez les jeunes. Les facteurs de risque sont notamment les facteurs connus comme la dépression, l'utilisation de substances, des antécédents de violence, et le fait de connaître d'autres personnes qui ont tenté de se suicider ou qui se sont enlevé la vie, quelle que soit l'importance des effets négatifs du colonialisme. Celui-ci a eu lieu pour les Inuits surtout à l'époque du gouvernement des années 1950, quand les Inuits ont été déplacés de leurs campements familiaux vers des réserves surpeuplées dirigées par des hommes blancs, et que les enfants ont été arrachés à leurs parents et placés dans des pensionnats et des externats. Cela a causé plus de désorganisation que de réorganisation. L'effet le plus néfaste de ce colonialisme/impérialisme pour les Inuits s'est fait sentir sur leurs relations familiales et sexuelles. Nombre de jeunes Inuits se sentent seuls et rejetés. Des interventions de prévention du suicide ont pris place, les plus réussies étant des programmes communautaires élaborés et fournis par des Inuits. Les facteurs de santé mentale pour les personnes autochtones sont souvent culturels. Il est recommandé que les praticiens collaborent avec la communauté et les organisations Inuits. Des communautés habilitées peuvent être guérisseuses.

### Keywords

suicide, Inuit, culture

Indigenous peoples globally have very high suicide rates, primarily among male youth.<sup>1-5</sup> Indigenous peoples of the Arctic have among the highest suicide rates in the world. This includes peoples in Siberia,<sup>6</sup> Alaska,<sup>7</sup> Canada,<sup>8</sup> Greenland,<sup>9,10</sup> and the Sami in the Norway.<sup>11</sup> Suicidality among Indigenous peoples is complex. In this paper I review risk factors and strategies for intervention and prevention that appear to be working for Inuit in Canada.

### Colonial Effects

While many known suicide risk factors also hold for Indigenous peoples, including depression, substance abuse,

exposure to violence, knowing someone who has completed or attempted suicide, and family dysfunction,<sup>12,13</sup> suicide among these people is seen as a result of colonization, dispossession, culture loss, and social disconnection.<sup>14-18</sup> Some have described this as being due to an

<sup>1</sup> Wayne State University, Detroit, Michigan

### Corresponding Author:

Michael J. Kral, PhD, Wayne State University, 4756 Cass Avenue, Detroit, MI 48202, USA.  
Email: michael.kral@wayne.edu

historical trauma.<sup>19-22</sup> Prussing<sup>23</sup> shows empirical evidence supporting historical trauma behind negative mental health outcomes of Indigenous peoples, including depression, substance abuse, and posttraumatic stress disorder. The historical traumas for Inuit have resulted from such factors as residential or boarding schools<sup>16</sup> and forced lifestyle changes. Million<sup>24</sup> refers to residential schools as “colonization as abuse.” Identities and family relationships were dramatically changed by historical traumas. While much of the damage was done through assimilation policy, it also occurred as a by-product of colonial expansion and expropriation.<sup>25</sup> Much of this was documented in the 1996 *Report of the Royal Commission on Aboriginal Peoples* in Canada. Some of this trauma has been passed down generations through altered parenting, domestic violence, and language loss.<sup>26,27</sup> In healing, which will be discussed later, individual responsibility is important even while historical and current forces of injustice are acknowledged.<sup>28</sup>

### The Inuit People in Canada: Who Are They?

Inuit in Canada have been subject to imperialism and colonialism that have greatly affected their lives. Inuit constitute about 5% of Indigenous peoples in Canada, totaling a little over 50,000 people according to the 2006 Canada Census, and live in the 4 regions called Inuvialuit, Nunavut, Nunavik, and Nunatsiavut. Archaeologists have found evidence of life on the island of Igloodik, Nunavut, 4000 years ago.<sup>29</sup> The first Indigenous people in the Canadian Arctic were the Dorset, replaced about 1000 years ago by the Thule people, from whom Inuit are descended. The first significant wave of outsiders were whalers from Scotland and the United States, from the mid-19th century to about 1920. These whalers employed Inuit to help them, giving them flour, tobacco, guns, and small boats. Many Inuit moved to be near the ships, and disease took many Inuit lives. The next wave has been called the “trinity”: missionaries, the Hudson Bay fur company, and the Royal Canadian Mounted Police. This took place from about the 1920s to the 1950s. Some large cultural changes happened because of this wave: Shamans or traditional healers went underground after relatively rapid conversion to Christianity,<sup>30</sup> and sexual practice moved from spouse exchange, which was practiced across the Arctic as the exchange of partners for sex, to monogamy.<sup>31</sup> Women stopped tattooing their faces. Yet Inuit continued to live in family camps on the land where they hunted and moved seasonally. More diseases such as tuberculosis took many Inuit lives in the 1950s. The great imperial/colonial event for Inuit, however, was what Wenzel<sup>32</sup> called the “government era.” This took place between the 1950s and 1970s, as the Canadian government took control over Inuit lives. Inuit were moved from their land camps, where they had resided for the previous 1000 years, to crowded settlements run by white government Northern Service Officers. The children were taken away to residential or day schools, and much sexual abuse took place in some of the Catholic residential

schools. Children were taught that their parents and grandparents were inferior role models. Gender roles changed for men, who as hunters had been providers; now many of the men worked for the white government, collecting garbage and so on. Prestige for men shifted from being the best hunter to having the highest income, and a class system developed.<sup>33</sup> A split was created between Inuit who lived in the settlement and those who still lived on the land. A wage economy was started, and with very few jobs, poverty was created. The move to settlement life was one of more disorganization than reorganization, a breakdown of what Damas<sup>34</sup> referred to as networks of cooperation, a weakening of communication patterns and values.<sup>35</sup> Inuit feared the *Qallunaat* or White men.<sup>36</sup> Inuit felt there were “too many Kabloona (White) bosses.”<sup>37</sup>

In my research, I have found that older Inuit believe that their social problems began when they were moved to the settlements. The “government era” was the most hurried and extreme event in Inuit history. The most negative effect of the rapid culture change has been on relationships, particularly family and sexual relationships. This is serious for a family-based collectivist culture. Studies have found that family change has been the most negative repercussion of colonialism for Indigenous peoples.<sup>8,38</sup> Kinship has been the foundation of Inuit social organization.<sup>39,40</sup> Relationships across generations were especially strong, as one’s parents and grandparents were one’s teachers and mentors. This is true for Indigenous peoples more generally,<sup>38</sup> and Sahlins<sup>41</sup> refers to this as a mutuality of being, where “kinsmen are members of one another. Their mutuality may be a sameness of being.” Arranged marriage was the Inuit tradition; however, when the first children who were sent to the schools came of age, they were the first generation to forego arranged marriage. At the time, most asked their parents for permission to marry the person of their choice,<sup>42</sup> but later this stopped as the North American model of love, based on individualism and choice, came to be practiced.<sup>43</sup> Graburn<sup>44</sup> identified what he called “the marriage problem” in the late 1950s and early 1960s related to change in the practice of arranged marriage. Alcohol was causing problems among couples, the children now grown who had been placed in the residential and day schools, and the problems included domestic violence.<sup>45</sup> Brody<sup>46</sup> and O’Neil<sup>47</sup> found much anger among young couples in the 1970s. In the early settlements, a new and large adolescent peer group began to distance itself from parents,<sup>33,48</sup> forming a new youth culture. The large number of people in the settlements meant that the family was less often considered the centre of life.<sup>49</sup> Parenting has changed dramatically, and today many children and their parents spend very little time together.

This gives a very brief account of the social perturbation experienced by Inuit since the government era, and suicide must be understood through the perturbation behind it. Other issues include most Inuit not finishing high school, the very high proportion of children under the age of 15, and higher infant mortality and lower life expectancy than

the Canadian average. Life expectancy for Inuit for 2004-2008 was 67.7 years for Inuit men and 72.8 years for Inuit women, compared with 77.5 years for men and 81.3 years for women in Canada.<sup>50</sup> Unemployment is extremely high, as is poverty, and there is a housing shortage, such that the houses are very crowded. The suicides began in the mid-1980s; the children of those who went to the residential and day schools began to kill themselves, and the suicide rate continues to increase. In Nunavut, the suicide rate between 1999 and 2003 was 122.4 per 100,000, which is 10 times that of Canada.<sup>51</sup> The highest suicide rate was in 2013, with 46 suicides in Nunavut. Very few suicides were recorded before 1980; however, Balikci<sup>52</sup> reported Netsilik suicides prior to 1970 across the age span, which was unusual because Inuit suicides were traditionally among the elderly, perhaps those who were sick or during times of famine. These were altruistic suicides, whereas Balikci indicates that the suicides he found were Durkheimian egoistic suicides, ones following a sense of not belonging, of social alienation. In Nunavut, Chachamovich<sup>53</sup> found that almost half of the suicides entailed depression and 21% were linked to alcohol abuse. An earlier study found alcohol abuse among 46% of Inuit suicides.<sup>54</sup> Kirmayer et al.<sup>55</sup> found the lifetime prevalence of suicidal ideation to be 43% and suicide attempts to be 34% among Inuit, with males having higher rates of attempts and completion.

Suicides among Inuit thus involve some known risk factors, such as depression and substance abuse, parental substance abuse, physical abuse, recent life events, and suicide or attempts among friends.<sup>55</sup> Most studies of Inuit mental health focus on substance abuse and suicide.<sup>56</sup> Yet the colonial effect has disrupted Inuit lives and may be behind some of the other risk factors. Many youth feel alone and unloved and are angry with their parents and their girlfriends or boyfriends.<sup>57</sup> This demonstrates the change in relationships, especially family relationships, following the government era. Kral<sup>58</sup> found that 68% of suicides in 2 Inuit communities were precipitated by a romantic relationship breakup, and 20% of people who committed suicide had a pending court appearance, usually for break-ins or selling drugs. A number of Inuit male youth threaten their girlfriends with suicide, and sometimes their parents, and then carry out the act. Is suicide also a form of revenge? Many Inuit youth lack a healthy cultural model of love and sexuality. The romantic relationship problems described decades ago by Burch,<sup>45</sup> Graburn,<sup>44</sup> Brody,<sup>46</sup> and O'Neil<sup>47</sup> may have become worse today and are behind most of the suicides. Inuit living in Nunavut are aware of this problem in romantic and parent-child relationships. Inuit youth need guidance and mentoring through this process.

### Intervention and Prevention of Suicide among Inuit

Harder et al.<sup>3</sup> reviewed the research on Indigenous youth suicide and found that risk factors included depression,

conduct disorders, substance and alcohol abuse, psychiatric disorders, male sex, and having a friend who had attempted suicide. Social and family support were found to be the most protective factors for mental health. Also protective for mental health was having a continuous sense of self and identity<sup>59</sup> and having a connection with one's culture, which included engaging in culturally relevant activities with respected others in the community such as elders. Factors that are protective of mental health for Indigenous people are often cultural. Gone<sup>60</sup> refers to "culture as mental health treatment" for Indigenous peoples, showing that it has become common for mental health agencies serving Indigenous North Americans to conduct sweat lodges, talking circles, pipe ceremonies, and smudging as well as other tribally specific cultural practices. Gone finds that the therapeutic mechanisms include those found in psychotherapy research, including the therapeutic relationship and alliance, empathy, and, in this case, cultural participation that supports Indigenous identification.

Suicide prevention programs have been attempted among Inuit. Among the Yup'ik (Inuit people) of Alaska, a community-based program for prevention of suicide and alcohol abuse met with much community support. Allen et al.<sup>61</sup> showed that the Yup'ik community supported a program that was designed by community members and university researchers in collaboration. The program included listening to elders for advice and youth travelling on the river ice with their families. For Inuit, being on the land is healing<sup>62</sup> and is a form of building resilience among youth.<sup>63</sup> The most important factor in Inuit youth resilience is talking to friends and family members. Family was found to be the most significant factor in Inuit well-being in one study, followed by talking/communication and practicing cultural activities.<sup>64</sup> The Canadian government spent much money in the late 1990s on training Inuit in Western suicide prevention, but the rates continued to rise. Research shows that evidence-based mental health programs do not work well with North American minority populations,<sup>65-67</sup> including suicide prevention with Indigenous peoples.<sup>68</sup> What do appear to work are community-based programs such as the one in Alaska.<sup>61</sup> Some Inuit communities have put together their own suicide prevention activities and programs, and suicides have declined significantly.<sup>51,57</sup> These are community-driven programs, such as the Youth Centre that was organized by a youth group in Igloolik, Nunavut. Health Canada now has the National Aboriginal Youth Suicide Prevention Strategy,<sup>69</sup> which was developed in partnership with Aboriginal organizations; with this program, communities are funded to develop their own suicide prevention programs. Over 200 communities and organizations have been funded at this time. This is a form of sovereignty on the ground, part of Indigenous reclamation of control over their lives called *indigenism*, the global Indigenous human rights movement.<sup>70</sup> Middlebrook et al.<sup>71</sup> conclude that for suicide prevention to be effective in Indigenous communities, the communities must be directly involved. This is the self-

determination that is important in mental health, and Inuit are making strides with this process. Signs of renewal are alive among Inuit.<sup>72</sup>

Culture as healing is not the only intervention for Indigenous peoples. Many agencies, organizations, and communities have successfully combined Western and traditional interventions, such as the Youth Centre in Igloolik. Gone<sup>73</sup> showed how such an integrated method was successful in a substance abuse treatment centre in a northern Manitoba First Nations community. The program included counseling sessions and field trips, powwow dances, pipe ceremonies, and a fasting camp. Such integration of Western and traditional healing has been efficacious in other Indigenous communities.<sup>74-77</sup> A cultural approach, community ownership, and collaboration were important factors in another native substance abuse program.<sup>78</sup> Community control over resources is important for Indigenous suicide prevention.<sup>79</sup> Indigenous cultural essentialism is to be avoided, and the use of traditional healing is constantly evolving. How is such integration of interventions to be accomplished?

Health research funders for Indigenous peoples have established community collaboration and participation as a research ethical principle.<sup>80-83</sup> The Canadian Institutes for Health Research (CIHR) has a Citizen Engagement Branch that requests the participation of the general public; consumers of health services, patients, caregivers, advocates, and community representatives are to be involved in research and program planning. The CIHR Pathways to Health Equity for Aboriginal Peoples includes suicide prevention as a priority area. Collaboration means seeing expertise in the Indigenous community and working with it. It is, according to CIHR,<sup>80</sup> "the building [of] reciprocal, trusting relationships . . . in a spirit of respect." In a review of suicide prevention programs for Aboriginal communities in Australia, Ridani et al.<sup>84</sup> found that community-based approaches that emphasize connectedness, belongingness, and culture heritage are beneficial.

There is now good evidence that community-based participatory research is important for the development of intervention and prevention programs in health and mental health.<sup>85-91</sup> This entails the involvement of community members in the design and running of these programs. Fostering strong family connectedness, providing social support, and using community-based and community-run programs are important for Indigenous suicide prevention.<sup>92,93</sup>

Many Inuit live in urban areas in southern Canada. According to Tomiak and Patrick,<sup>94</sup> 17% of Inuit live in southern cities. Ottawa has the most Inuit, about 3000, and the proportion of Inuit in Ottawa increased to 64% between 2006 and 2011.<sup>95</sup> Some 5000 Inuit live in cities in southern Canada.<sup>96</sup> Ottawa has several Inuit agencies, including Tungasuvvingat Inuit community centre with a Family Resource Centre and the Ottawa Inuit Children's Centre. As in the North, urban Inuit have lower rates of employment and educational attainment. They report low levels of support for their parenting, and they experience poverty, housing

shortages, linguistic barriers, and racial discrimination.<sup>96,97</sup> Ottawa has subsidized Inuit housing in the area of Vanier, and some Inuit are homeless.<sup>98</sup> Yet Inuit there feel part of an Inuit community, having a sense of unity.<sup>96</sup>

What is the practicing psychiatrist to do about suicidal Inuit? Gone<sup>99</sup> suggests that practitioners should consider the distress of Indigenous peoples as symptomatic of unresolved intergenerational grief and historical trauma and should incorporate cultural identity into treatment. He also recommends collaborating with community members and Indigenous agencies. In Ottawa, for example, this could mean working with the Tungasuvvingat Inuit Family Resource Centre, incorporating their suggestions as well as referring patients to this centre. Working with Inuit families may also be beneficial, given the importance of kinship for Inuit mental health. It will be important for clinicians to think about Inuit life and culture and to incorporate this into any treatment.

Suicide among Inuit has taken place in the context of the negative colonial repercussions of many Indigenous peoples. Many are manifesting risk factors and mental disorders, and their relational bond, *ungajuk*, or sense of belonging, *ilagijauttiarniq*, has been disrupted. Family and romantic problems have resulted, and suicides are tied to these problems. The message of this paper is that we should work with communities to provide intervention and prevention programs. Such programs may combine traditional and Western interventions, and the community must feel a sense of control over the process. The empowerment of communities is the goal,<sup>100</sup> with the community having the role of teacher.<sup>101</sup> This will require collaboration with community members and leaders. It is a form of community, cultural, and public psychiatry.<sup>102-105</sup> It can also be called a public health psychiatry, one that highlights community engagement and prevention.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

### References

1. Coloma C, Hoffman JS, Crosby A. Suicide among Guarani Kaiowa and Nandeva youth in Mato Grosso do Sul, Brazil. *Arch Suicide Res.* 2006;10:191-207.
2. Else IRN, Andrade NN, Nahulu LB. Suicide and suicidal-related behaviors among Indigenous Pacific Islanders in the United States. *Death Stud.* 2007;31:479-501.
3. Harder HG, Rash J, Holyk T, Jovel E, Harder K. Indigenous youth suicide: a systematic review of the literature. *Pimatisiwin.* 2012;10:125-142.

4. Hunter E, Harvey D. Indigenous suicide in Australia, New Zealand, Canada and the United States. *Emerg Med*. 2002;14:14-23.
5. Tatz C. Aboriginal, Maori, and Inuit youth suicide: avenues to alleviation? *Australian Aboriginal Studies*. 2004;2:15-25.
6. Vitebsky P. *The reindeer people: living with animals and spirits in Siberia*. Boston (MA): Houghton Mifflin; 2006.
7. Wexler LM. Inupiat youth suicide and culture loss: changing community conversations for prevention. *Soc Sci Med*. 2006;63:2938-2948.
8. Kral MJ. Postcolonial suicide among Inuit in Arctic Canada. *Cult Med Psychiatry*. 2012;36:306-325.
9. Bjeregaard P, Lynge I. Suicide: a challenge in modern Greenland. *Arch Suicide Res*. 2006;10:209-220.
10. Leineweber M, Arensman E. Culture change and mental health: the epidemiology of suicide in Greenland. *Arch Suicide Res*. 2003;7:41-50.
11. Silviken A, Haldorsen T, Kvernmo S. Suicide among Indigenous Sami in Arctic Norway, 1970-1998. *Eur J Epidemiol*. 2006;21:707-713.
12. Bechtold DW. Indian adolescent suicide: clinical and developmental considerations. In: Duclos CW, Manson SM, editors. *Calling from the rim: suicidal behavior among American Indian and Alaska Native adolescents*. Denver (CO): University Press of Colorado; 1994. p. 71-80.
13. Kirmayer LJ, Fletcher C, Boothroyd L. Suicide among Inuit of Canada. In: Leenaars S, Wenckstern I, Sakinovsky MJ, Kral RJ, Bland DR, editors. *Suicide in Canada*. Toronto (ON): University of Toronto Press; 1998. p. 187-211.
14. Aho KL-T, Liu HH. Indigenous suicide and colonization: the legacy of violence and the necessity of self-determination. *Int J Conf Violence*. 2010;4:125-133.
15. Brown R. Australian Indigenous mental health. *Aust N Z J Ment Health Nurs*. 2001;10:33-41.
16. Elias B, Mignone J, Hall M, Hong SP, Hart L, Sareen J. Trauma and suicidal behavior histories among a Canadian Indigenous population: an empirical exploration of the potential role of Canada's residential school system. *Soc Sci Med*. 2012;74:1560-1569.
17. Kirmayer LJ, Tait CL, Simpson C. The mental health of Aboriginal peoples in Canada: transformations of identity and community. In: Kirmayer LJ, Valaskakis GG, editors. *Healing traditions: the mental health of Aboriginal peoples in Canada*. Vancouver (BC): University of British Columbia Press; 2009. p. 3-35.
18. Wexler LM. The importance of identity, history, and culture in the wellbeing of Indigenous youth. *Journal of the History of Childhood and Youth*. 2009;2:267-276.
19. Alexander JC. Toward a theory of cultural trauma. In: Alexander JC, Eyerman R, Geisen B, Smelser NJ, Sztompka P, editors. *Cultural trauma and collective identity*. Berkeley (CA): University of California Press; 2004. p. 1-30.
20. Evans-Campbell T. Historical trauma in American Indian/Native Alaska communities: a multilevel framework for exploring impacts on individuals, families, and communities. *J Interpers Violence*. 2008;23:316-338.
21. Fast E, Collin-Vezina D. Historical trauma, race-based trauma and resilience of Indigenous peoples: a literature review. *First Peoples Child and Family Review*. 2010;5:126-136.
22. Brave Heart MYH, Chase J, Elkins J, Altschul DB. Historical trauma among Indigenous peoples of the Americas: concepts, research, and clinical considerations. *J Psychoactive Drugs*. 2011;43:282-290.
23. Prussing E. Historical trauma: politics of a conceptual framework. *Transcult Psychiatry*. 2014;51:436-458.
24. Million D. There is a river in me: theory from life. In: Simpson A, Smith A, editors. *Theorizing native studies*. Durham (NC): Duke University Press; 2014.
25. Kirmayer LJ, Gone JP, Moses J. Rethinking historical trauma. *Transcult Psychiatry*. 2014;51:299-319.
26. Bombay A, Matheson K, Anisman H. The impact of stressors on second generation Indian Residential School survivors. *Transcult Psychiatry*. 2014;51:320-338.
27. Maxwell K. Historicizing historical trauma theory: troubling the trans-generational transmission paradigm. *Transcult Psychiatry*. 2014;51:407-435.
28. Gone JP. The Pisimweyapiy Counselling Centre: paving the red road to wellness in northern Manitoba. In: Waldrum J, editor. *Aboriginal healing in Canada: studies in therapeutic meaning and practice*. Ottawa (ON): Aboriginal Healing Foundation; 2008. p. 131-203.
29. Purich D. *The Inuit and their land: the story of Nunavut*. Toronto (ON): James Lorimer Company; 1992.
30. Laugrand FB, Oosten JG. *Inuit shamanism and Christianity: transitions and transformations in the twentieth century*. Montreal (QC), Kingston (ON): McGill-Queen's University Press; 2010.
31. Guemple L. *Inuit spouse-exchange*. Chicago (IL): Department of Anthropology, University of Chicago; 1961.
32. Wenzel GW. *Animal rights, human rights: ecology, economy and ideology in the Canadian Arctic*. Toronto (ON): University of Toronto Press; 1991.
33. Vallee FG. *Sociological research in the Arctic*. Ottawa (ON): Northern Co-ordination and Research Centre, Department of Northern Affairs and Natural Resources; 1962.
34. Damas D. *Igluligmiut kinship and local groupings: a structural approach*. Bulletin No. 196, Anthropological Series No. 64, National Museum of Canada. Ottawa (ON): Department of Northern Affairs and National Resources; 1963.
35. Adams C. Flexibility in Canadian Eskimo social forms of behavior: a situational and transactional appraisal. In: Guemple L, editor. *Alliance in Eskimo society*. Seattle (WA), London (UK): American Ethnological Society and University of Washington Press; 1972. p. 9-16.
36. Remie CHW. *Qablunaat iliranartut: Canadian Inuit perceptions of White colonialism, case materials from the Northwest Territories*. In: Linvelt J, Oellet R, Hermans H, editors. *Culture et colonization en Amérique du nord*. Sillery (QC): Septentrion; 1994. p. 109-133.
37. Vallee FG. Notes on the cooperative movement and community organization in the Canadian Arctic. *Arctic Anthropol*. 1964;2:45-49.

38. DeMallie RJ. Kinship: the foundation of Native American society. In: Thornton R, editor. *Studying Native America: problems and prospects*. Madison (WI): The University of Wisconsin Press; 1998. p. 306-356.
39. Bodenhorn B. "He used to be my relative": exploring the bases of relatedness among Inupiat of northern Alaska. In: Carsten J, editor. *Cultures of relatedness: new approaches to the study of kinship*. Cambridge (UK): Cambridge University Press; 2000. p. 128-148.
40. Briggs JL. Vicissitudes of attachment: nurturance and dependence in Canadian Inuit family relationships, old and new. *Arctic Med Res*. 1995;54:21-32.
41. Sahlins M. *The Western illusion of human nature: with reflections on the long history of hierarchy, equality, and the sublimation of anarchy in the West, and on other conceptions of the human condition*. Chicago (IL): Prickly Paradigm Press; 2008.
42. Graburn NHH. *Eskimos without igloos: social and economic development in Sugluk*. Boston (MA): Little, Brown and Company; 1969.
43. Swidler A. *Talk of love: how culture matters*. Chicago (IL): University of Chicago Press; 2001.
44. Graburn NHH. *Taqagmuit Eskimo kinship terminology*. Ottawa (ON): Department of Northern Affairs and National Resources; 1964.
45. Burch ES. *Eskimo kinsmen: changing family relationships in Northwest Alaska*. St. Paul (MN): West Publishing Co; 1975.
46. Brody H. *The people's land: Inuit, Whites, and the Eastern Arctic*. Vancouver (BC), Toronto (ON): Douglas McIntyre; 1991 [1975].
47. O'Neil JD. *Is it cool to be an Eskimo? A study of stress, identity, coping and health among Canadian Inuit young adult men*. Unpublished dissertation, University of California San Francisco and Berkeley; 1983.
48. Condon RG. *Inuit youth: Growth and change in the Canadian Arctic*. New Brunswick (NJ): Rutgers University Press; 1988.
49. Rasing WCE. "Too many people": order and nonconformity in Iglulingmiut social process. Unpublished dissertation, Katholieke Universiteit, Faculteit der Rechtsgeleerdheid, Nijmegen, The Netherlands; 1994.
50. Statistics Canada. *An age- and cause-decomposition of differences in life expectancy between residents of Inuit Nunangat and residents of the rest of Canada, 1989 to 2008*. 2015; Ottawa (ON): Statistics Canada. <http://www.statcan.gc.ca/pub/82-003-x/2013012/article/11890-eng.htm>
51. Kral MJ, Idlout L. Community wellness and social action in the Canadian Arctic: collective agency as subjective well-being. In: Kirmayer LJ, Valaskakis GG, editors. *Healing traditions: the mental health of Aboriginal peoples in Canada*. Vancouver (BC): University of British Columbia Press; 2009. p. 315-334.
52. Balikei A. *The Netsilik Eskimo*. Garden City (NY): The Natural History Press; 1970.
53. Chachamovich E. Identifying socio-demographic and psychiatric risk factors for suicide in Nunavut: results of a case-control psychological autopsy study. Paper presented at annual conference of the Network for Aboriginal Mental Health Research (NAMHR), Montreal (QC), June 22-25, 2012.
54. Isaacs S, Keogh S, Menard C, Hockin J. Suicide in the North-west Territories: a descriptive review. *Chronic Dis Can*. 1998; 19:152-156.
55. Kirmayer LJ, Malus M, Boothroyd LJ. Suicide attempts among Inuit youth: a community survey of prevalence and risk factors. *Acta Psychiatr Scand*. 1996;94:8-17.
56. Lehti V, Niemela S, Hoven C, Mandell D, Sourander A. Mental health, substance use and suicidal behaviour among young Indigenous people in the Arctic: a systematic review. *Soc Sci Med*. 2009;69:1194-1203.
57. Kral MJ, Idlout L, Minore JB, Dyck RJ, Kirmayer LJ. Unikkaartuit: meanings and experiences of suicide among Inuit in Nunavut, Canada. *Int J Indig Health*. 2014;10:55-67.
58. Kral MJ. "The weight on our shoulders is too much, and we are falling": suicide among Inuit male youth in Nunavut, Canada. *Med Anthropol Q*. 2013;27:63-83.
59. Chandler MJ, Lalonde CE, Sokol BW, Hallett D. Personal persistence, identity development, and suicide: a study of Native and non-Native North American adolescents. *Monogr Soc Res Child Dev*. 2003;68:1-138.
60. Gone JP. Redressing First Nations historical trauma: theorizing mechanisms for Indigenous culture as mental health treatment. *Transcult Psychiatry*. 2013;50:683-706.
61. Allen J, Mohatt G, Ching Ting Fok C, Henry D, People Awakening Team. Suicide prevention as a community development process: understanding circumpolar youth suicide prevention through community level outcomes. *Int J Circumpolar Health*. 68:274-291.
62. Goldstein L. "We have to keep moving ... it's more beautiful that way": an exploration of the connection between relationship to the land and concepts of health, illness and healing in an Inuit community. Unpublished dissertation, Yale University School of Medicine; 2004.
63. Kral MJ, Salusky I, Inuksuk P, Angutimarik L, Tulugardjuk N. Tunngajuq: stress and resilience among Inuit youth in Nunavut, Canada. *Transcult Psychiatry*. 2014b;51: 673-692.
64. Kral MJ, Idlout L, Minore JB, Dyck RJ, Kirmayer LJ. Unikkaartuit: meanings of well-being, unhappiness, health, and community change among Inuit in Nunavut, Canada. *Am J Community Psychol*. 2011;48:426-438.
65. Botvin GJ. Advancing prevention science and practice: challenges, critical issues, and future directions. *Prev Sci*. 2004;5:69-72.
66. Castro FG, Barrera M Jr, Martinez CR. The cultural adaptation of prevention interventions: resolving tensions between fidelity and fit. *Prev Sci*. 2004;5:41-45.
67. Castro FG, Barrera M Jr, Steiker LKH. Issues and challenges in the design of culturally adapted evidence-based interventions. *Ann Rev Clin Psychol*. 2010;6:213-239.
68. Wexler LM, Gone JP. Culturally responsive suicide prevention in Indigenous communities: unexamined assumptions and new possibilities. *Am J Public Health*. 2012;102: 800-806.

69. Kral MJ, Wiebe PK, Nisbet K, Dallas C, Okalik L, Enuaraq N, Cinotta J. Canadian Inuit community engagement in suicide prevention. *Int J Circumpolar Health*. 2009;68:292-308.
70. Niezen R. The origins of indigenism: human rights and the politics of identity. Berkeley (CA): University of California Press; 2003.
71. Middlebrook DL, LeMaster PL, Beals J, Douglas K, Novins DK, Manson SM. Suicide prevention in American Indian and Alaska Native communities: a critical review of programs. *Suicide Life Threat Behav*. 2001;31:132-149.
72. Briggs JL. From trait to emblem and back: living and representing culture in everyday Inuit life. *Arctic Anthropol*. 1997;34:227-235.
73. Gone JP. The red road to wellness: cultural reclamation in a Native First Nations community treatment center. *Am J Community Psychol*. 2011;47:187-202.
74. Duran E. Healing the soul wound: counseling with American Indians and other Native peoples. New York (NY): Teacher College Press; 2006.
75. Csordas T. The Navajo healing project. *Med Anthropol Q*. 2000;14:463-475.
76. Nebelkopf E, Penagos M. Holistic native network: integrated HIV/AIDS, substance abuse, and mental health services for Native Americans in San Francisco. *J Psychoactive Drugs*. 2005;37:257-264.
77. Wieman C. Six Nations mental health services: a model of care for Aboriginal communities. In: Kirmayer LJ, Valaskakis GG, editors. *Healing traditions: the mental health of Aboriginal peoples in Canada*. Vancouver (BC): University of British Columbia Press; 2009. p. 401-418.
78. Noe T, Fleming C, Manson S. Reducing substance abuse in American Indian and Alaska Native communities: The Health Nations Initiative. In: Nebelkopf E, Phillips M, editors. *Healing and mental health for Native Americans*. Walnut Creek (CA): AltaMira Press; 2004. p. 19-31.
79. Chandler MJ, Lalonde CE. Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcult Psychiatry*. 1998;35:191-219.
80. Canadian Institutes for Health Research. Tri-Council policy statement: ethical conduct for research involving humans. Ottawa (ON): Interagency Secretariat on Research Ethics; 2010.
81. National Ethics Advisory Committee. Ethical guidelines for intervention studies (revised edition). Wellington (New Zealand): Ministry of Health; 2012.
82. National Aboriginal Health Organization. Considerations and templates for ethical research practices. Ottawa (ON): National Aboriginal Health Organization; 2007.
83. National Health and Medical Research Council. Australian code for the responsible conduct of research. Canberra (Australia): Australian Government; 2007.
84. Ridani R, Shand FL, Christensen H, McKay K, Tighe J, Burns J, Hunter E. Suicide prevention in Australian Aboriginal communities: a review of past and present programs. *Suicide Life Threat Behav*. 2015;45:111-140.
85. Case AD, Byrd R, Claggett E, DeVaux S, Perkins R, Huang C, Sernyak MJ, Steiner JL, Cole R, LaPaglia DM, et al. Stakeholders' perspectives on community-based participatory research to enhance mental health services. *Am J Community Psychol*. 2014;54:397-408.
86. Giachello AL, Arrom JO, Davis M, Sayad JV, Ramirez D, Nandi C, Ramos C. Reducing diabetes health disparities through community-based participatory action research: the Chicago Southeast Diabetes Community Action Coalition. *Public Health Rep*. 2003;118:309-323.
87. Jason LA, Keys CB, Suarez-Balcazar Y, Taylor RR, Davis MI, editors. *Participatory community research: theories and methods in action*. Washington (DC): American Psychological Association; 2004.
88. Koch T, Kralik D. *Participatory action research in healthcare*. Oxford (UK): Blackwell; 2006.
89. Metzler MM, Higgins DL, Beeker CG, Freudenberg N, Lantz PM, Senturia KD, Eisinger AA, Viruell-Fuentes EA, Gheisar B, Palermo A-G, Softley D. Addressing urban health in Detroit, New York City, and Seattle through community-based participatory research partnerships. *Am J Public Health*. 2003;93:803-811.
90. Minkler M, Wallerstein N. *Community-based participatory research for health*. 2nd ed. New York (NY): Jossey-Bass; 2011.
91. Nguyen TT, McPhee SJ, Bui-Tong N, Luong T-N, Ha-Iaconis T, Nguyen T, Wong C, Lai KQ, Lam H. Community-based participatory research increases cervical cancer screening among Vietnamese-Americans. *J Health Care Poor Underserved*. 2006;17:31-54.
92. Alcántara C, Gone JP. Suicide in Native American communities: a transactional-ecological formulation of the problem. In: Leong FTL, Leach MM, editors. *Suicide among racial and ethnic minority groups*. New York (NY): Routledge; 2008. p. 173-199.
93. May PA, Serna P, Hurt L, DeBruyn LM. Outcome evaluation of a public health approach to suicide prevention in an American Indian tribal nation. *Am J Public Health*. 2005;95:1238-1244.
94. Tomiak J-A, Patrick D. Transnational migration and Indigeneity in Canada: a case study of urban Inuit. In: Forte MC, editor. *Indigenous cosmopolitans: transnational and transcultural Indigeneity in the twenty-first century*. New York (NY): Peter Lang; 2002.
95. Cecco L. Urban Inuit: nomads from the Arctic find new home in Canada's capital. *Aljazeera America*. 2014 Nov 23.
96. Patrick D, Tomiak J-A. Language, culture and community among urban Inuit in Ottawa. *Etud Inuit*. 2008;32:55-72.
97. McShane KE, Hastings PD, Smylie JK, Prince C, Tungasuvvingat Inuit Family Resource Centre. Examining evidence for autonomy and relatedness in urban Inuit parenting. *Culture Psychol*. 2009;15:411-431.
98. Kishigami N. Homeless Inuit in Montreal. *Etud Inuit*. 2008;32:73-90.
99. Gone JP. Mental health, wellness, and the quest for an authentic American Indian identity. In: Witko TM, editor. *Mental*

- health care for urban Indians: clinical insights from native practitioners. Washington (DC): American Psychological Association; 2006.
100. Maton KI, Brodsky AE. Empowering community settings: theory, research, and action. In: Aber MS, Maton KI, Seidman E, editors. Empowering settings and voices for social change. Oxford (UK): Oxford University Press; 2011. p. 38-64.
101. Kelly JG. Becoming ecological: an expedition into community psychology. Oxford (UK): Oxford University Press; 2006.
102. Bhui K, Dinos S. Preventive psychiatry: a paradigm to improve population mental health and well-being. *Br J Psychiatry*. 2011;198:417-419.
103. Caplan G, Caplan R. Principles of community psychiatry. *Community Mental Health J*. 2000;36:7-24.
104. Scheper-Hughes N, Lovell AM. Breaking the circuit of social control: lessons in public psychiatry from Italy and Franco Basaglia. *Soc Sci Med*. 1986;23:159-178.
105. Tseng W-S. Clinician's guide to cultural psychiatry. Boston (MA): Academic Press; 2003.